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## BIB DATA SHEET

CONFIRMATION NO. 9680

<b>SERIAL NUMBER</b> 10/568,258	<b>FILING or 371(c) DATE</b> 06/30/2006 <b>RULE</b>	<b>CLASS</b> 128	<b>GROUP ART UNIT</b> 4148	<b>ATTORNEY DOCKET NO.</b> 06142.0004U1	
<b>APPLICANTS</b> Thomas J. Borody, New South Wales, AUSTRALIA; No, O.H. <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/AU04/01060 08/09/2004 <b>** FOREIGN APPLICATIONS *****</b> Yes, O.H. AUSTRALIA 2003904278 08/13/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 09/02/2006					
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /OPHELIA ALTHEA HAWTHORNE/ Acknowledged Examiner's Signature	<input type="checkbox"/> Met after Allowance OAH Initials	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWINGS</b> 4	<b>TOTAL CLAIMS</b> 27	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> NEEDLE & ROSENBERG, P.C. SUITE 1000 999 PEACHTREE STREET ATLANTA, GA 30309-3915 UNITED STATES					
<b>TITLE</b> Improved oral oxygenating appliance					
<b>FILING FEE RECEIVED</b> 990	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		